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AP/1624 #  
EPW

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 440**Complete if Known**

Application Number	09/993,647
Filing Date	November 27, 2001
First Named Inventor	Bernd RIEDL et al.
Examiner Name	Deepak R. RAO
Group / Art Unit	1624
Attorney Docket No.	BAYER-0018-A

<b>METHOD OF PAYMENT (check one)</b>				<b>FEE CALCULATION (continued)</b>			
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 13-3402  Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<b>3. ADDITIONAL FEES</b>			
<b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
<b>SUBTOTAL (1)</b>				(\$ 0)			
<b>2. EXTRA CLAIM FEES</b>							
Total Claims	-20**	=	0	X	Fee from below	=	0
Independent Claims	-3**	=	0	X		=	0
Multiple Dependent		X				=	0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b>				(\$ 0)			
**or number previously paid, if greater; For Reissues, see above							
				<b>Other fee (specify) _____</b>			
				<b>*Reduced by Basic Filing Fee Paid</b>			
				<b>SUBTOTAL (3)</b>		(\$ 440)	

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	Richard J. Traverso	Registration No./Attorney/Agent	30,595	Telephone	(703) 243-6333
Signature				Date	September 3, 2004

**CERTIFICATION OF MAILING**I hereby certify that this correspondence is being deposited with the U.S. Postal Services as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: September 3, 2004Name: Sharon McDanielSignature: \_\_\_\_\_  
MILLEN, WHITE, ZELANO & BRANIGAN, P.C.